

Health 3.0

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Careful readers of my column know that I pride myself on trying to keep up with the latest developments in health care. I like to think that I have a nose for trends and can quickly connect the dots among seemingly disparate topics in the environment. I think I see a new trend coming!

According to Jupiter, a market research firm first cited in *The Economist*,¹ nearly 20% of American Internet users have created health-related content online. That's right; people are jumping into cyberspace to post videos, blogs, and other "social-networking" materials on health care. While your P&T committee members might not be as active in cyberspace, millions of Americans are communicating about topics ranging from side effects of medications to poor instructions given to them by their doctor to what it's like to be a patient in a particular clinical trial.

The Pew Internet & American Life Project in Washington, DC, also cited in *The Economist*, claims that nearly one-third of the 100 million Americans who have looked for health care information online say that they or people they know have been significantly helped by what they found in cyberspace. In contrast, only 3% reported that online advice had caused serious harm or an unresolved problem. I find this amazing, and I hope you do too.

To me, this means that our patients are constantly searching for facts about what we tell them; behind our backs, they are comparing our advice to the opinions of their peers and other online sources.

People such as Gilles Frydman, the founder of the Association for Cancer Online Resources (ACOR) in New York, says not to worry. The organization guarantees that inaccurate posts on its Web site will be corrected within two hours, thereby helping to maintain a high level of information for patients searching for answers online.

We can think of Health 1.0 as when patients read about medical conditions or

talk to family members and friends to gather information the old-fashioned way. Health 2.0 occurs when patients go to Web sites to download articles that they then discuss with their caregivers. Perhaps Health 3.0 is just around the corner; young patients in particular, may be adopting what *USA Today* calls "mobile social networking," which is akin to "social peripheral vision"² (Jyri Engeström's concept of constant connectedness).

Apparently, social-networking sites like MySpace and Facebook are rapidly being linked with cell phones. (If you do not know what these sites are, get out your own cell phone and call your adolescent children or another young person immediately.) Here is how it might work.

Just as people can receive an e-mail or instant message on a cell phone, they can now access various social-networking sites directly from that phone. Messages from friends and others on a person's "buddy list" can be sent right to the cell phone in real time. For example, a teenager on a blind date networks with her friends while she is still with her date because she does not want to wait until later to give a detailed account of the experience.

Now, imagine an analogous situation in health care. Patients are visiting the doctor; they are talking to other patients while they are sitting in the waiting room, perhaps even in the examination room, or possibly in the procedure room itself!

I expect mobile social networking—Healthcare 3.0—to bring with it all sorts of challenges from a health care perspective. Patients could be second-guessing us at every turn, seeking advice from friends while we are explaining the potential side effects of a drug. They might even be downloading information from their friends about their clinical situation while we watch helplessly nearby.

Perhaps Health 3.0 will have some positive benefits, including ongoing daily support to comply with a medication regimen; nurses might be able to reach out to patients and perform disease management or care management in real time on

the fly wherever patients might be; and patients might feel less isolated. Health 3.0 has all sorts of implications not only for compliance and adherence but also for improved doctor-patient communication, more culturally sensitive care, and highly customized care that is promulgated by managed care companies. Health 3.0 could truly revolutionize disease management as we currently envision it and may promote a daily awareness of the power of disease prevention. This trend is even garnering headlines in *The Wall Street Journal*.³

Companies like Google are joining forces with other sites like MySpace and LinkedIn to spread social software applications across cyberspace. Google already owns *dodgeball.com*, which apparently keeps cell phone users in touch with friends in the same location. Google has also purchased Jaiku and another start-up, Zingku, which enables its clients to send mobile flyers and pictures to trusted friends. In addition, Facebook has unveiled a platform to encourage its 80,000 developers to extend applications to cell phones and has teamed up with Research In Motion to put its service on Blackberry Smartphones. People can tag and upload photos and send Facebook invitations directly from a Blackberry address book.

This might sound like science fiction to some of our low-tech readers, but I think our younger patients are about to change the very fabric of the physician-patient relationship and the patient's relationship with the entire health care system. This gets me thinking about the concept called the "wisdom of crowds," which also happens to be the title of a book by James Surowiecki. Can a group of patients with heart failure or asthma or diabetes actually help others using the technology of Health 3.0?

I am a believer, and I hope that your P&T committee is tracking aspects of this new technology as it applies to medicine. I'd like to know what you think about Health 3.0, and I plan to ask my young adult children what they think.

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I bet they are already participating, even if I am blissfully unaware. What about your teenagers and other young people you know? Let me hear!

As always, you can reach me at my e-mail address, david.nash@jefferson.edu.

REFERENCES

1. Health 2.0. *The Economist*, September 8, 2007;16.
2. Baig E. Social networkers reach out more with cell phones. *USA Today*, November 14, 2007, B:1.
3. Zimmerman R. Text messaging for health. *The Wall Street Journal*, November 20, 2007, D:1. ■

A handwritten signature in black ink that reads "David Nash". The signature is stylized with a large, looped 'D' and a cursive 'Nash'.